

Complete Summary

GUIDELINE TITLE

Recommendations regarding selected conditions affecting women's health.

BIBLIOGRAPHIC SOURCE(S)

Centers for Disease Control and Prevention. CDC recommendations regarding selected conditions affecting women's health. MMWR Recomm Rep 2000 Mar 31; 49(RR-2): 1-76. [171 references]

COMPLETE SUMMARY CONTENT

SCOPE

METHODOLOGY - including Rating Scheme and Cost Analysis

RECOMMENDATIONS

EVIDENCE SUPPORTING THE RECOMMENDATIONS

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

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IMPLEMENTATION OF THE GUIDELINE

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT

CATEGORIES

IDENTIFYING INFORMATION AND AVAILABILITY

SCOPE

DISEASE/CONDITION(S)

- Falls and hip fractures in older women
- Exercise-related injuries in women
- Breast cancer
- Cervical cancer
- Congenital toxoplasmosis

GUIDELINE CATEGORY

Prevention

CLINICAL SPECIALTY

Family Practice
Geriatrics
Obstetrics and Gynecology
Preventive Medicine
Sports Medicine

INTENDED USERS

Allied Health Personnel
Physicians

GUIDELINE OBJECTIVE(S)

Prevention of falls and resulting hip fractures

To summarize current knowledge about falls and hip fracture among women aged ≥ 65 years and to describe both primary and secondary strategies for preventing fall-related injuries.

Prevention of exercise-related injuries

To provide an overview of the relation between extrinsic training factors, selected intrinsic factors, and musculoskeletal injury risks during exercise.

Prevention of breast and cervical cancer among low-income women

To present morbidity and mortality data regarding breast and cervical cancer, screening recommendations, an update on the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), and recommended priority activities for NBCCEDP.

Prevention of congenital toxoplasmosis

To summarize current prevention recommendations to reduce the risk of congenital toxoplasmosis infection and to discuss research priorities for preventing the disease.

TARGET POPULATION

Prevention of falls and resulting hip fractures

Older women (i.e., women aged greater than or equal to 65 years)

Prevention of exercise-related injuries

Women engaging in exercise

Prevention of breast and cervical cancer among low-income women

Uninsured and/or low income women aged 50-64 years

Prevention of congenital toxoplasmosis

Pregnant women

INTERVENTIONS AND PRACTICES CONSIDERED

Prevention of falls and resulting hip fractures

1. Multifaceted approaches that include various combinations of education, exercise, medication assessment, risk factor reductions and environmental modifications

Prevention of exercise-related injuries

1. Consultation with physician
2. Decision making based on the woman's current level of physical fitness, history of physical activity, and history of injury
3. Exercise regimen beginning of short duration and light-intensity and gradually increasing to desired intensity and/or duration
4. Awareness of early signs of potential injury
5. Incremental decrease in training or cease participation temporarily upon detection of any of the injury warning signs
6. Sufficient recovery and rehabilitation time following an injury
7. Education about smoking and risks of injury
8. Realistic goal setting balancing benefits with the risk for injury

Prevention of breast and cervical cancer among low-income women

1. Breast cancer screening using mammography alone or with clinical breast examination
2. Cervical cancer screening using Pap smear testing

Prevention of congenital toxoplasmosis

1. Safe food handling
2. Wearing gloves when gardening
3. Avoid changing cat litter entirely, if possible, or wear gloves and wash hands thoroughly after changing cat litter
4. Health education for women of childbearing age
5. Education to health care providers about the potential problems of Toxoplasma serology tests

MAJOR OUTCOMES CONSIDERED

Prevention of falls and resulting hip fractures

- Morbidity and excess mortality
- Hip fracture hospitalization rates
- Quality of life

Prevention of exercise-related injuries

- Incidence of exercise-related injury
- Odds ratios and relative risks for injury

Prevention of breast and cervical cancer among low-income women

- Morbidity and mortality from breast and cervical cancer
- Incidence of breast and cervical cancer
- Mammography screening rates
- Papanicolaou (Pap) testing rates

Prevention of congenital toxoplasmosis

- Morbidity and mortality from congenital toxoplasmosis
- Incidence of congenital toxoplasmosis

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not stated

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Not stated

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

I. Prevention of Falls and Resulting Hip Fractures

Recommendations for Prevention:

Because approximately 95% of hip fractures result from falls, minimizing fall risk is a practical approach to reducing these serious injuries. Research demonstrates that effective fall prevention strategies require a multifaceted approach with both behavioral and environmental components. Important elements include education and skill building to increase knowledge about fall risk factors, exercise to improve strength and balance, home modifications to reduce fall hazards, and medication assessment to minimize side effects (e.g., dizziness and grogginess).

Program and Research Needs:

Coordination needs to be improved among the diverse Federal, state, and local organizations that conduct fall prevention activities. The effectiveness of existing fall prevention programs among specific groups of women (e.g., those aged ≥ 85 years or living with functional limitations) needs careful evaluation. New primary fall prevention approaches are needed (e.g., characterizing footwear that promotes stability), as well as secondary prevention strategies (e.g., protective hip pads) that can prevent injuries when falls occur. Finally, efforts are needed to increase collaboration among national experts from various disciplines, to reach consensus regarding priority research areas and program issues, and to work toward long-term strategies for reducing falls and fall-related injuries among older adults.

II. Prevention of Exercise-Related Injuries

Recommendations for Prevention:

Based on the limited scientific research regarding physical activity, exercise, and injuries among women and generally agreed on "best practices," the

following recommendations are made to reduce the risk of exercise-related injury among women:

- Although most healthy women do not need to visit their physician before starting a moderate-intensity exercise program, women aged >50 years or women who have either a chronic disease or risk factors for a chronic disease should consult their physician to ensure that their exercise program is safe and appropriate.
- The choice of an exercise program should be tailored to a woman's current physical fitness level. Resources that include examples of activities categorized by exercise intensity levels are available and can aid women in choosing activities based on their respective physical fitness levels.
- Decisions regarding the frequency, duration, and intensity of exercise should be individualized, based on the woman's current level of physical fitness, history of physical activity, and history of injury.
- Women, particularly those with lower fitness levels, should begin participating in exercise at a lower level of training (frequency, duration, and intensity) and progress slowly. Women who are sedentary and start a new exercise program or activity might need to begin with intervals of activity as short as 5-10 minutes of light-intensity activity and gradually increase to the desired intensity and/or duration of participation.
- Participants should be aware of early signs of potential injury (i.e., increasing muscle soreness, bone and joint pain, excessive fatigue, and performance decrements). Coaches, personal trainers, and instructors should be alert to these signs among the women they are supervising.
- When a participant senses any of the warning signs (i.e., increasing muscle soreness, bone and joint pain, excessive fatigue, performance decrements, or current injury), she should incrementally decrease training (i.e., reduce frequency, duration, or intensity) until symptoms diminish or cease participation temporarily, depending on the severity of injury.
- Women who sustain a musculoskeletal injury should allow sufficient recovery and rehabilitation time and take precautions to prevent reinjury.
- Women who smoke should be informed that smoking might increase their risk for exercise-related injury. They should make every effort to stop smoking, not only to reduce their risk for injury, but also to enhance their long-term overall health.
- Women should be realistic in setting their exercise goals by balancing the desire for measurable weight reduction, increases in endurance or strength, or other health-related fitness benefits with the risk for injury.

Research Agenda:

In general, a combination of factors affects the risk for exercise-related injury in women. How these factors act singly and in combination to influence injury risk is not well understood. Additional research regarding exercise-related injury in women is needed to answer many of the remaining epidemiologic

questions and to help develop exercise programs that improve health while reducing the risk for injury.

III. Prevention of Breast and Cervical Cancer Among Low-Income Women

Recommendations for Prevention:

Because studies of the etiology of breast cancer have failed to identify feasible primary prevention strategies suitable for use in the general population, reducing mortality from breast cancer through early detection has become a high priority. The potential for reducing death rates from breast cancer is contingent on increasing mammography screening rates and subsequently detecting the disease at an early stage -- when more treatment options are available and survival rates are higher. Effective control of cervical cancer depends primarily on early detection of precancerous lesions through use of the Papanicolaou test, followed by timely evaluation and treatment. Thus, the intended outcome of cervical cancer screening differs from that of breast cancer screening. In 1991, the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) was implemented to increase breast and cervical cancer screening among uninsured, low-income women.

Research Agenda:

To support recommended priority activities for NBCCEDP, CDC has developed a research agenda comprising six priorities. These six priorities are a) determining effective strategies to communicate changes in NBCCEDP policy to cancer screening providers and women enrolled in the program; b) identifying effective strategies to increase the proportion of enrolled women who complete routine breast and cervical cancer rescreening according to NBCCEDP policy; c) identifying effective strategies to increase NBCCEDP enrollment among eligible women who have never received breast or cervical cancer screening; d) evaluating variations in clinical practice patterns among providers of NBCCEDP screening services; e) determining optimal models for providing case-management services to women in NBCCEDP who have an abnormal screening result, precancerous breast or cervical lesion, or a diagnosis of cancer; and f) conducting economic analyses to determine costs of providing screening services in NBCCEDP.

IV. Prevention of Congenital Toxoplasmosis

Recommendations for Prevention:

Toxoplasma infection can be prevented in large part with the following measures:

- Food should be cooked to safe temperatures. A food thermometer should be used to measure the internal temperature of cooked meat to ensure that meat is cooked all the way through. Beef, lamb, and veal roasts and steaks should be cooked to at least 145°F, and pork, ground meat, and wild game should be cooked to 160°F before

eating. Whole poultry should be cooked to 180° F in the thigh to ensure doneness.

- Fruits and vegetables should be peeled or thoroughly washed before eating.
- Cutting boards, dishes, counters, utensils, and hands should always be washed with hot soapy water after they have contacted raw meat, poultry, seafood, or unwashed fruits or vegetables.
- Pregnant women should wear gloves when gardening and during any contact with soil or sand because cat waste might be in soil or sand. After gardening or contact with soil or sand, wash hands thoroughly.
- Pregnant women should avoid changing cat litter if possible. If no one else is available to change the cat litter, use gloves, then wash hands thoroughly. Change the litter box daily because *Toxoplasma* oocysts require several days to become infectious. Pregnant women should be encouraged to keep their cats inside and not adopt or handle stray cats. Cats should be fed only canned or dried commercial food or well-cooked table food, not raw or undercooked meats.

Additional recommendations for prevention include the following:

- Health education for women of childbearing age should include information about meat-related and soilborne toxoplasmosis prevention. Health-care providers should educate pregnant women at their first prenatal visit about food hygiene and prevention of exposure to cat feces.
- Health-care providers who care for pregnant women should be educated about two potential problems associated with *Toxoplasma* serology tests. First, no assay exists that can determine precisely when initial *Toxoplasma* infection occurred. Second, in populations with a low incidence of *Toxoplasma* infection, such as in the United States, a substantial proportion of the positive IgM test results will probably be false positive.
- The government and the meat industry should continue efforts to reduce *Toxoplasma* in meat.

Research Agenda:

Priorities for research were discussed at a national workshop sponsored by CDC in September 1998 and include a) improving estimates of the burden of toxoplasmosis, b) improving diagnostic tests to determine when a person becomes infected with *Toxoplasma*, and c) determining the applicability of national screening programs.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Prevention of falls and resulting hip fractures

- Reduce the incidence of falls and fall-related injuries (i.e., hip fractures)

Prevention of exercise-related injuries

- Reduce the risk of exercise-related injury among women

Prevention of breast and cervical cancer among low-income women

- Reduce breast and cervical cancer morbidity and mortality in low-income women
- Increase the prevalence of screening tests for breast and cervical cancer (i.e., mammograms, Pap tests) among low-income women

Prevention of congenital toxoplasmosis

- Reduce the risk for congenital infection during pregnancy
- Reduce the severity of infection in newborns

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

Prevention of exercise-related injuries

Scientific research regarding injuries related to physical training and exercise has focused on men rather than women, on military trainees rather than physically active civilians, and on competitive rather than recreational athletes. There is little research that specifically addresses the particular risks to women who exercise. The gaps in current knowledge limit the specificity with which recommendations can be made.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Prevention of breast and cervical cancer among low-income women:

The Breast and Cervical Cancer Mortality Prevention Act of 1990 has played an important role in focusing public health efforts on cancer control in the United States. Since 1991, CDC has collaborated with a diverse group of public and private partners to build the public health infrastructure, implement screening services, and conduct research activities. CDC will continue to foster these relationships to achieve goals set in the following four priority areas of screening initiatives, case-management services, professional education and training, and partnerships:

Screening Initiatives

Collaborate with NBCCEDP-sponsored programs to increase public education and outreach strategies to reach women who have rarely or have never received breast or cervical cancer screening.

- Collaborate with NBCCEDP-sponsored programs to implement strategies among health-care providers to address missed opportunities for enrolling women into screening.
- Collaborate with NBCCEDP-sponsored programs to implement strategies through professional groups and public education to modify screening intervals for all program-enrolled women who have had three consecutive annual Pap tests with normal findings.
- Continue to promote the need for routine rescreening for breast and cervical cancer at regular intervals to improve rescreening rates for women enrolled in NBCCEDP.

Case-Management Services

- Expand case-management activities to ensure that women enrolled in NBCCEDP receive timely and appropriate rescreening and diagnostic services and treatment services, if indicated.
- Increase case-management activities to sustain networks and partnerships to maximize access to and availability of diagnostic, treatment, and essential support services for women enrolled in NBCCEDP.

Professional Education and Training

- Increase collaboration with professional groups that provide continuing education for their constituents to address breast and cervical cancer control issues in standardized curricula and training.
- Continue to advocate for incorporation of breast and cervical cancer education in curricula for health professionals to facilitate a long-term effect on provider practice.

Partnerships

Continue to build partnerships with public health departments, tribes and tribal organizations, national and voluntary organizations, academic centers, and health-care purchasers through the following activities: implementing strategies community-wide to promote awareness and screening practices among all women; replicating and disseminating programmatic approaches that are proven

effective in providing screening to priority populations (e.g., racial/ethnic minorities and women residing in rural or other hard-to-reach areas); cosponsoring conferences, workshops, and training related to breast and cervical cancer issues; and advocating for breast and cervical cancer control priorities (e.g., policies and standards) to ensure the quality of mammography and Pap screening delivered by all providers.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Centers for Disease Control and Prevention. CDC recommendations regarding selected conditions affecting women's health. MMWR Recomm Rep 2000 Mar 31;49(RR-2):1-76. [171 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2000 Mar 31

GUIDELINE DEVELOPER(S)

Centers for Disease Control and Prevention - Federal Government Agency [U.S.]

SOURCE(S) OF FUNDING

United States Government

GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Authors of Reducing Falls and Resulting Hip Fractures Among Older Women: Judy A. Stevens, PhD and Sarah Olsen, MS.

Authors of Exercise-Related Injuries Among Women: Strategies for Prevention from Civilian and Military Studies: Julie Gilchrist, MD; Bruce H. Jones, MD, MPH; David A. Sleet, PhD; C. Dexter Kimsey, PhD., MSEH.

Authors of Implementing Recommendations for the Early Detection of Breast and Cervical Cancer Among Low-Income Women: Herschel W. Lawson, MD; Rosemarie Henson, MSSW, MPH; Janet Kay Bobo, PhD, MSW; Mary K. Kaeser, MEd.

Authors of Preventing Congenital Toxoplasmosis: Adriana Lopez, MHS; Vance J. Dietz, MD; Marianna Wilson, MS; Thomas R. Navin, MD; Jeffrey L. Jones, MD, MPH.

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

An update is not in progress at this time.

GUIDELINE AVAILABILITY

Electronic copies: An HTML Text version is available from the Centers for Disease Control and Prevention (CDC) Web site:

- [Foreword](#)
- [Reducing Falls and Resulting Hip Fractures Among Older Women](#)
 - [Erratum](#)
- [Exercise-Related Injuries Among Women: Strategies for Prevention from Civilian and Military Studies](#)
- [Implementing Recommendations for the Early Detection of Breast and Cervical Cancer Among Low-Income Women](#)
- [Preventing Congenital Toxoplasmosis](#)

Also available (in Portable Document Format [PDF]) from the [Centers for Disease Control and Prevention \(CDC\) Web site](#).

Print copies: Available from the Centers for Disease Control and Prevention, MMWR, Atlanta, GA 30333. Additional copies can be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402-9325; (202) 783-3238.

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Continuing Education Activity Sponsored by CDC: Recommendations Regarding Selected Conditions Affecting Women's Health. MMWR Morb Mortal Wkly Rep 2000 Mar 31; 49(RR-2):CE1-CE7.

Electronic copies: Available from the [Centers for Disease Control and Prevention \(CDC\) Web site](http://www.cdc.gov).

Print copies: Available from the Centers for Disease Control and Prevention, MMWR, Atlanta, GA 30333. Additional copies can be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402-9325; (202) 783-3238.

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on November 9, 2000. The information was verified by the guideline developer as of January 26, 2001.

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